

Federal Response Plan Interagency DoD Roles and Capabilities Summary

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I. Introduction

The U.S. government is responsible for preventing, detecting, mitigating, and resolving terrorist attacks against U.S. citizen, property, and assets. Presidential Decision Directive (PDD) 39 “U.S. Policy on Counterterrorism” and PDD 63 “Protecting the Nation’s Critical Infrastructures” outline overarching Federal policy. In addition, various Federal agencies have been tasked with specific responsibilities and capabilities under the Federal Response Plan (FRP) and its Terrorism Annex.

Part II – DoD Federal Response Plan Roles and Responsibilities

Roles and responsibilities assigned to DoD by the FRP have been taken directly from the FRP with no changes.

Part III – Operational and technical gaps

While these capabilities and responsibilities have largely been met, gaps remain in the ability to prevent, detect, mitigate, and resolve a terrorist biological attack. Part of this stems from the fundamental differences between other weapons of mass destruction (WMD) attacks and a biological attack. First and foremost, a biological attack may not be detected until days after the incident actually occurs because the incubation period of most agents is 48 hours or more. Biological agents can be communicable, causing several “additional” or “new” outbreaks leading to an epidemic in the general area, and possible outbreaks worldwide introduced by affected people travelling. Modeling a biological attack is complicated not only by disease communication, but also by the terrorist introduction of the agent. Without knowing the terrorist’s capabilities and intent, agent concentration, effectiveness, dispersion, and lethality are difficult to predict.

Part IV – Federal resources and capabilities

The U.S. government does have a large number of resources for responding to biological incidents. Many of them are modeled after concepts effective for conventional, chemical, radiological, or nuclear terrorism and, as such, are focussed on quick responses and agent identification rather than consequence management (CM) and mitigation. Resources for longer term CM are housed largely in the medical community - Federal, state and local - as are the resources that will indicate that there has been a biological attack in the first place.

II. DoD Excerpts from the FRP 1999

Transportation Annex, Department of Defense

- a. Provide support in the emergency operation of inland waterways, ports, and harbors under the supervision of the U.S. Army Corps of Engineers, including dredging operations;
- b. Assist in restoring the transportation infrastructure;
- c. Provide organic military transportation capacity from the U.S. Transportation Command (USTRANSCOM) to move essential resources and assist in the contracting for civilian airlift. USTRANSCOM also will provide staff to the MCC(s); and
- d. Assist in the development and support the execution of TPFDLs for high-priority response resources.

Communications Annex, Department of Defense

Provide assistance in civil emergencies in accordance with national policies, consistent with defense priorities as set forth in the Department of Defense (DoD) Directive 3025.1, Military Support to Civil Authorities. The Secretary of Defense has designated the Secretary of the Army as the executive agent for DoD support to civil emergencies.

Public Works & Engineering Annex, Department of Defense

1. Army Operations Center

- a. Notify HQUSACE, DOMS, and CDRG member directly if possible; and
- b. Notify HQUSACE EOC of FRP activation.

2. HQUSACE

- a. Review the FRP annually. Submit comments as appropriate and revise this annex as necessary;
- b. Develop additional USACE guidance as required to execute assigned missions;
- c. Participate in training and exercises to include those of support agencies; and
- d. Conduct periodic meetings and workshops with support agencies at the national level to maintain capabilities, and to plan for and prepare to respond to a disaster in the event of activation.

Firefighting Annex, Department of Defense

- a. Assume full responsibility for firefighting activities on U.S. military installations;
- b. Support firefighting operations on nonmilitary lands with personnel, equipment, and supplies under the terms of the existing interagency agreement, to include the arrangement of liaisons as required; and
- c. Provide contracting services through the U.S. Army Corps of Engineers to urban and rural firefighting forces to obtain heavy equipment and/or demolition services as needed to suppress disaster-related fires.

Information & Planning Annex, Department of Defense

All agencies as appropriate should identify a staff liaison or a point of contact at both the regional and headquarters levels to provide technical expertise, data, advice, and staff support for disaster operations and situation assessment activities that fall within the domain of each agency...

Mass Care Annex, Department of Defense

a. Director of Military Support

Provide available resources (personnel, equipment, and supplies) in the absence of other national disaster system resource capabilities (including contracting).

b. U.S. Army Corps of Engineers

(1) Provide potable water and ice for mass care use and bulk distribution to disaster victims;

(2) Provide assistance in inspecting mass care shelter sites after the disaster to ensure suitability of facilities to safely shelter disaster victims; and

(3) Provide assistance in constructing temporary shelter facilities, if necessary, in the disaster area.

Resource Support Annex, Department of Defense

Provide resources (personnel, equipment, and supplies) in the absence of other national disaster system resource capabilities (to include contracting) when provision does not conflict with the Department of Defense's primary mission or its ability to respond to operational contingencies.

Health & Medical Services Annex, Department of Defense

a. Alert GPMRC to provide DoD NDMS FCCs (Army, Air Force, and Navy) and VA NDMS FCCs reporting/regulating instruction to support disaster relief efforts;

b. Alert DoD NDMS FCCs to activate NDMS area operations/patient reception plans; initiate bed reporting based on GPMRC instructions;

c. In coordination with NDMSOSC, evacuate and manage patients as required from the disaster area to NDMS patient reception areas;

d. In coordination with DOT and other transportation support agencies, transport medical personnel, equipment, and supplies into the disaster area;

e. Provide logistical support to health/medical response operations;

f. Provide Active Duty medical units for casualty clearing/staging and other missions as needed, including aeromedical evacuation; mobilize and deploy Reserve and National Guard medical units, when authorized and necessary to provide support;

g. Coordinate patient reception and management in NDMS areas where military treatment facilities serve as local NDMS FCCs;

h. Provide military medical personnel to assist HHS in activities for the protection of public health (such as food, water, wastewater, solid waste disposal, vectors, hygiene, and other environmental conditions);

i. Provide available DoD medical supplies for distribution to mass care centers and medical care locations being operated for disaster victims;

j. Provide available emergency medical support to assist State and local governments within the disaster area. Such services may include triage, medical treatment, and the utilization of surviving DoD medical facilities within the disaster area;

k. Provide assistance in managing human remains, including victim identification and disposition;

l. Provide technical assistance, equipment, and supplies through the U.S. Army Corps of Engineers, as required, in support of HHS to accomplish temporary restoration of damaged public utilities affecting public health;

- m. Immediately notify the Surgeons General of the Army, Air Force, and Navy if there is a likelihood that their support may be required; and
- n. Provide technical facility and clerical expertise to assess the physical condition of the medical treatment facilities.

Urban Search & Rescue Annex, Department of Defense

- a. Serve as primary source for the following assistance:
 - (1) Fixed-wing transportation of US&R task forces and ISTs from base locations to mobilization centers or Base Support Installations. Target time frame for airlift missions is 6 hours from the time of task force activation;
 - (2) Rotary-wing transportation of US&R task forces and ISTs to and from isolated, surface-inaccessible, or other limited-access locations;
 - (3) Through the U.S. Army Corps of Engineers, provide trained Structures Specialists and System to Locate Survivors (STOLS) teams to supplement resources of US&R task forces and ISTs; and
 - (4) Through the U.S. Army Corps of Engineers, provide pre-disaster training for US&R task force and IST Structures Specialists;
- b. Serve as secondary source for the following assistance:
 - (1) Ground transportation of US&R task forces and ISTs within the affected area;
 - (2) Mobile feeding units for US&R task forces and IST personnel; and
 - (3) Portable shelter (i.e., tents) for use by US&R task force and IST personnel for eating, sleeping, and working.

Hazardous Materials Annex, Department of Defense

- a. Direct response actions for releases of hazardous substances from its vessels, facilities, and vehicles; and
- b. Provide personnel and equipment to other Federal organizations and State and local governments (such as SUPSALV), as requested, if consistent with DoD operational requirements.

Food Annex, Department of Defense

- a. Assess the availability of Department of Defense (DoD) food supplies and storage facilities capable of storing dry, chilled, and frozen food;
- b. Assess the availability of DoD transportation equipment, material handling equipment, and personnel for support. This responsibility will be confined to the posts, camps, and stations within or adjacent to the disaster area; and
- c. Arrange for the delivery and distribution of resources identified in B.1.a and b to areas designated by the ESF.

Energy Annex, Department of Defense

a. Director of Military Support

Report damage assessment and recommend priorities to ESF #12 for restoring energy service to critical defense facilities; and

b. U.S. Army Corps of Engineers

Coordinate emergency power team taskings with power-system restoration activities to assist in setting priorities and ensure that time and resources are not wasted in providing support to a facility that is about to have its power restored.

Donations Management Support Annex, Department of Defense

Provide logistical support and other resources as needed and available.

Terrorism Incident Annex, Department of Defense

As directed in PDD-39, the Department of Defense (DoD) will activate technical operations capabilities to support the Federal response to threats or acts of WMD terrorism. DoD will coordinate military operations within the United States with the appropriate civilian lead agency(ies) for technical operations.

III. Technical and Operational Gaps/Issues

Technical Gaps/Issues

A. Detection

Currently, there are no fielded real-time biological agent identification systems; therefore, DoD does not have the capability to provide detector-based early warning of a BW attack. The Biological Integrated Detection System (BIDS) has the capability to specifically identify some of the traditional BW agents as well to collect samples for laboratory analysis. This capability is post-attack to verify a BW attack and assist with medical treatment. BIDS units must deploy to a “target” area and take background readings before being operationally ready. The main reason this system is “post attack” is that the time required to collect a sample and provide an analysis is greater than the time the cloud is present under most meteorological conditions. In other words, the cloud may be gone by the time it is detected.

Current technological capability focuses on the identification of specific BW agents (anthrax, plague, smallpox, etc.). Due to the number of potential BW agents and the possibility of genetically engineered agents, detection systems may provide a false sense of security.

1. Gaps

There are no fielded real-time BW agent identifiers.

There are non-specific, real-time biological organism detectors. Through the use of real-time fluorescence measurements of airborne particles, there are current capabilities for the identification of biological organisms within an environment. The absorption and emission profiles of bacterial species are not unique enough for agent identification. However, these systems are sophisticated enough to discriminate between bacteria and pollen. These systems can be used for area monitoring, but they can not distinguish between naturally occurring bacteria and an actual attack. The system is designed to look for changes in the levels of fluorescent particles in a given size range. This system is being incorporated into the Portal Shield Mark III replacing the particle sizer initially used.

2. Issues

Is it practical to envision a BW detection array to protect the civilian population?

If real-time detection for the civilian population were available, what would be the consequence of warning a population that has no protection? The DTRA ASCO/ DoE CBNP studies on city protection have described notional systems architectures in this domain.

B. Protective Equipment

Military personnel have protective equipment (mask, overgarment, hood, gloves, boots) basically designed for protection against chemical agents. This equipment, primarily the protective mask, will also protect against BW agents if personnel receive timely warning.

Wearing the full chemical defense ensemble will degrade performance, particularly in hot weather. The mask degrades vision. The overgarment, gloves and boots limit mobility, decrease tactile sensitivity, and create heat stress in a warm/hot environment.

The primary entry point for BW agents is the respiratory system, i.e., nose and mouth. The chemical protective mask also protects the eyes due to their susceptibility to CW agents. However, the need to protect the eyes degrades vision, particularly peripheral vision.

1. Gaps

U.S. civilians do not have any protective equipment. The primary requirement for BW protection is an oral-nasal mask that protects the respiratory system. Without real-time detection and warning, the usefulness of such a mask is minimal. If, however, an oral-nasal mask were worn continuously, as is done in Japan, it would improve the public health and limit the effectiveness of a BW attack.

Military forces could potentially benefit from a lightweight, oral-nasal mask that could be worn during heightened threat levels prior to an attack.

2. Issues

Protective clothing (overgarment, gloves, boots) provides a minor degree of added protection compared to the protection given by a protective mask. The military community needs to compare the benefits from wearing protective clothing in a BW environment against the costs from degradation of operational tasks.

The utility of oral-nasal masks for the civilian population needs to be analyzed considering the lack of real-time detection/warning. Requiring military personnel to wear such masks at all times during conflict would greatly enhance their protection against BW attacks. Tankers already put a cravat over their faces to keep the dust out.

C. Decontamination

Decontamination capability and application for BW attacks is probably the most misunderstood areas of BW defense. Most military decontamination units, equipment, and procedures were developed for chemical decontamination. Chemical decontamination units and equipment were designed primarily for equipment decontamination. There are individual decontamination kits to remove chemical contamination from individual protective equipment and other personal gear such as weapons.

Personnel Decontamination – Except for the individual decontamination kits/procedures mentioned above, personal decontamination consists of protective clothing exchange. (Currently there is no requirement for showers as part of the clothing exchange procedures.) For BW contamination, clothing exchange is required and the use of showers for increased personal hygiene is probably an important requirement. The Lightweight Decontamination System (LDS) and the Modular Decontamination System (MDS) found in decontamination units can provide a shower capability.

Equipment Decontamination – The primary function of chemical decontamination units is equipment decontamination. Chemical decontamination equipment basically provides hot water

to assist in the physical removal of the CW agent. The MDS has the capability to add a decontaminant in-line as the water is applied.

Area Decontamination – Chemical decontamination units are not designed for and do not have an area decontamination function/mission. Area decontamination is, however, frequently discussed and these units are often applied in exercises to an area decontamination role. Very little data exists on the efficacy of area decontamination or the rate (square meters per hour) at which an area could be decontaminated.

1. Issues

Decontamination is usually one of the first capabilities proposed that DoD could provide as civil support. In a BW environment, other than providing showers, there is very little information on other decontamination requirements. How much “decon” is really required after considering the natural decay of most BW agents by UV radiation? Anthrax spores, for example, are extremely stable. If the release is inside a building, or even in an urban environment, the exposure to UV rays will not be significant. The hazard from reaerosolization also needs to be better understood since it could greatly impact the need for area decontamination. Certification of an area as “clean” is also a key issue. For instance, the building in the Legionella outbreak in Philadelphia ultimately had to be torn down.

Decontamination standards need to be considered. Military forces use standards that provide adequate protection to service personnel in a wartime environment where mission performance is balanced against risk of increased casualties. Civilian standards (OSHA, EPA) are much more stringent. Military units and procedures are designed for wartime standards, but these assets may be applied to a peacetime, civil situation. These “inconsistencies” need to be better understood so that military units can be applied against appropriate tasks.

Minor and moderate incidents will probably use peacetime OSHA/EPA exposure standards. Major incidents may require the use of less stringent standards until the crisis is under control. These criteria must be analyzed, articulated to appropriate agencies, integrated into planning documents, and incorporated into exercises.

D. Medical Countermeasures

Medical countermeasures to BW agent employment will always be a key element of BW defense. The lack of real-time, non-specific BW agent identification, the lack of protective equipment (masks) for the civilian population, and the potential for genetically altered organisms place great emphasis on the need for broad medical countermeasures. While there are broad detection assets for biological organism detection, the lack of ability to identify these organisms as weaponized agents or the common cold requires other countermeasures, including prophylaxis, antidotes, vaccines, and therapeutic medicines.

Currently the focus is on vaccines and treatments against specific agents. The anthrax vaccine for U.S. military forces attempts to mitigate one of the most dangerous BW agents. Still, genetically altered strains, or other strains may not be effectively countered by this particular vaccine.

1. Issues

Agent specific vaccines, such as the anthrax vaccine, are a short term solution; however, the ultimate result is to identify to a potential enemy those agents not to use against U.S. military forces. The U.S. civilian population is not being vaccinated. If agent-specific vaccines continue, the number of potential agents against which vaccination must be given may be large. The effect of multiple vaccinations must also be examined. Emphasis should be placed on multi-valent vaccines, avoidance, prophylaxis and treatment.¹

Genetic engineering of antibiotic-resistant and immunosuppressive strains of BW agents will continue to put tremendous strain on the medical community to maintain effective medical countermeasures. Thus, emphasis may need to be on a comprehensive BW defense concept of detection, protection, decontamination, and treatment. None of these functions, by themselves, will be the complete answer to BW defense.

E. Modeling

Most of the current BW modeling is agent transport and diffusion, i.e., creating agent “plumes” for warning and reporting. These models depend heavily on knowing two key parameters. The first is the source term of the release, the second is the meteorological conditions for dispersal. the employment profile (agent, release mechanism, height of release, etc.). For civil incidents, it is unlikely that these parameters will be known prior to the incident or in enough time for warning to be of sufficient benefit.

1. Issues

The DoD modeling community also needs to have a better understanding of how infectious or contagious diseases spread. Instead of having a single source or single event resulting in an agent plume, it is very likely that the first indication of an attack is multiple hotspots of disease created from exposed personnel traveling to numerous areas. The potential spread of the disease and the impact on infrastructure is an important piece that has not yet been modeled.

Catastrophic event modeling – although some modeling has been done on catastrophic events such as major hurricanes, earthquakes, etc., very little modeling has been done on the impact of catastrophic casualties on the civilian community. The actions taken with, in, and for, communities faced with 10,000+ or 100,000+ deaths or sick patients, particularly with the threat of continuing exposure, has not been determined. Current emergency management planning with some assist from DoD probably can successfully manage minor to moderate BW events; however, DoD will play a pivotal role in major BW incidents. Realistic, post-attack modeling will be a significant factor if DoD is to successfully meet this need. Last year’s TOPOFF exercise took many of these issues into consideration.

¹ The immune system makes antibodies against very specific epitopes. This is the basis of the human ability to distinguish self from non-self. If immune systems are made non-specific, then we run the real risk of generating antibodies against the human body, and dying from auto-immune complications.

Operational Gaps/Issues

A. Event Scale

Current emergency management/crisis management/consequence management planning and organization, particularly with the increased emphasis and funding of WMD training, is probably sufficient to successfully manage a minor to moderate BW event. DoD will still need to provide assistance in a variety of ways.

The area that DoD can provide the greatest benefit is the analysis, planning, and coordinating the response to a major BW event. A major BW event will overwhelm local and state resources and will require a well-coordinated, well-planned national response. The success of this response will depend on how well the planning process was able to anticipate the nature and level of demands on national/DoD assets.

During a major BW incident, traditional command, control, coordination, and execution functions, inherent in military operations, will become as important as technical assistance and logistics support. No other agency in the US Government has the assets and experience to manage such an endeavor. However, assistance of this magnitude will require significant time and effort to analyze, plan, train and exercise DoD forces to respond to this challenge. The interagency and interstate coordination and integration tasks must be identified, resolved, and continually updated and exercised long before the actual event takes place.

III. Federal Resources and Assets

Interagency Assets

A. Catastrophic Disaster Response Group (CDRG)

The CDRG is chaired by the Federal Emergency Management Agency (FEMA). It consists of all 27 Federal Response Plan (FRP) partners². The group handles policy issues in the event of a catastrophic disaster.

B. Interagency Steering Group (ISG)

The ISG is made up of the principal Presidential Decision Directive 39 consequence management (CM) agencies and selected support agencies. It was established to assist in the development of the methodology, scenarios, resource lists (or Force Packages), and deployment timelines for various WMD events. Membership includes various representatives from health and environmental agencies³, and DoD⁴. The ISG developed Force Packages for pneumonic plague and anthrax events.

1. Force Packages

Force Packages provide resources for a 96-hour operation. The Packages are broken into eight 12-hour Force Modules containing resources for specific time frames. Resources in each 12-hour Module are designed specifically for critical functions that should be performed at that stage in an event. These critical functions include command and control (C2), life saving, decontamination, medical triage, and communications. Federal resources such as FEMA emergency mobile communications equipment, EPA on-scene Coordinators and mobile labs, Coast Guard Strike Teams, and pharmaceutical caches from the VA are included in the biological Force Packages. The JTF-CS and Chemical Biological Incident Response Force (CBIRF) have been added to the Force Packages unofficially.

2. WMD Resources Database (WMDRDB)

This is an unclassified, but protected, database, available via Web browser and is available only to federal responders. Access requires authorization from the program manager, and a User ID

² Department of Agriculture (USDA), Department of Commerce (DOC), Department of Defense (DoD), Department of Education (ED), Department of Energy (DOE), Department of Health and Human Services (HHS), Department of Housing and Urban Development (HUD), Department of the Interior (DOI), Department of Justice (DOJ), Department of Labor (DOL), Department of State (DOS), Department of Transportation (DOT), Department of the Treasury, Department of Veterans Affairs (VA), Agency for International Development (AID), American Red Cross (ARC), Environmental Protection Agency (EPA), Federal Communications Commission (FCC), FEMA, General Services Administration (GSA), National Aeronautics and Space Administration (NASA), National Communications System (NCS), Nuclear Regulatory Commission (NRC), Office of Personnel Management (OPM), Small Business Administration (SBA), Tennessee Valley Authority (TVA), U.S. Postal Service (USPS)

³ Public Health Service Office of Emergency Preparedness (PHS-OEP), DOE, EPA, USCG, VA, ARC

⁴ Assistant Secretary of Defense for Special Operations and Low Intensity Conflict (ASD(SO/LIC)), Directorate of Military Support (DOMS), Consequence Management Program Integration Office (COMPIO), Joint Task Force Civil Support (JTF-CS), the Joint Staff, Office of the Assistant to the Secretary of Defense for Civil Support (ATSD(CS))

and password. While incomplete, the WMDRDB is a valuable tool. It contains and maintains detailed information about all the federal resources that can be found in the WMD Force Packages, and allows the user to update information on-line. It will ultimately include a library of relevant federal documents, on-line User's Guide, list of acronyms, glossary, and links to other information.

C. Food-borne Outbreak Response Coordinating Group (FORCG)

The FORCG is a comprehensive, coordinated, national food-borne illness outbreak system consisting of federal, state, and local agencies. It is co-chaired by the USDA's Under Secretary for Food Safety, and the HHS Assistant Secretary for Health. FORCG reviews and evaluates outbreak response among federal agencies, including cooperation among federal agencies and between state and local agencies and affected industries. FORCG identifies areas where efficiency can be gained and makes specific recommendations for improvement. FORCG is finalizing standard operating procedures for the rapid exchange of data and information associated with food-borne illness outbreaks.

Department of Defense (DoD) Assets

A. Joint Task Force Civil Support (JTF-CS)

Assigned to Joint Forces Command (JFCOM), JTF-CS has the responsibility for planning and executing military assistance to civil authorities for CM of WMD incidents within the U.S., its territories, and possessions. JTF-CS consists of approximately 36 personnel based in Norfolk, VA. It is a standing JTF headquarters element with an operational focus, but has no assigned forces. The advance party is planned to be capable of deploying to the area of operations within N+4. When deployed, JTF-CS will command and control all DoD assets deployed in response to a chemical, biological, radiological, nuclear, or conventional high explosive (CBRNE) CM situation.

B. Response Task Force (RTF) East, RTF-West

The two RTFs for the continental U.S. (CONUS) are in the First Army (RTF-East) and the Fifth Army (RTF-West). There are 83 personnel assigned to RTF-East, and 105 assigned to RTF-West. The initial response cell deploys within N+4, the advanced element within N+12, and the main body within N+24. When directed, the RTFs deploy and provide C2 for all DoD assets providing CBRNE CM support in the area of operations.

C. Chemical/Biological Rapid Response Team (CB-RRT)

The Army's Soldier and Biological Chemical Command (SBCCOM) operates the CB-RRT. The CB-RRT coordinates and manages the DoD technical capabilities necessary to respond to a chemical or biological incident. It consists of 12 personnel that are ready to be deployed within N+4. They have various chemical and biological protection and detection equipment.

D. Chemical Biological Incident Response Force (CBIRF)

The Marine Corps CBIRF unit operated under II MEF, MARFORLANT, USJFCOM, consists of more than 300 personnel capable of detecting nuclear, chemical and biological (NBC) agents, extracting casualties from NBC-contaminated areas, providing direct medical support (triage, diagnosis, and treatment) to casualties, and decontaminating casualties. The initial force consists 81 personnel and equipment and deploys within N+4, while the follow-on force consisting of 250 personnel and equipment deploys within N+18. Among the CBIRF equipment is a fly-away laboratory.

E. Consequence Management Advisory Team (CMAT)

Formerly the Defense Nuclear Advisory Team (DNAT), this is a Defense Threat Reduction Agency resource and is designed to act in an advisory capacity during CBRN incidents. The CMAT consists of health physicists, radiation physicians, legal advisors, and other related professionals that can assist the Lead Federal Agency or the Response Task Force. The CMAT deploys within N+4.

F. WMD Civil Support Team (WMD CST)

The WMD CSTs are National Guard units consisting of 22 personnel with specialized detection, protection, and communications equipment. They advise and provide support to local authorities in the event of a CBRNE CM situation. The WMD CST Mobil Analytical Labs can detect 78,000 different toxic industrial chemicals, has access to an electronic library of 280,000 combinations of chemicals, and can detect 10 different biological agents. These teams also can collaborate with other labs to identify agents. Their Unified Command Suite supports both secure and insecure communications via satellite, fax, and phone. For some units, the advanced party deploys within N+1, with the follow-on party deploying within N+1.5. Generally, however, deployment is within N+4. The teams operate under the direct control of the Governor unless they are Federalized.

G. Technical Escort Unit (TEU)

The TEU provides worldwide, no-notice capability to conduct field sampling, identification and verification, monitoring, recovery, decontamination, escort, and mitigation of hazards associated with CBRN samples. The TEU serves as a Chemical and Biological Emergency Response Force for operational and contingency missions, and deploys as the advance portion of the CB-RRT. The team uses refrigerated transfer cases for medical, soil, air, and water samples; biological and chemical agent identification equipment, and real time and laboratory confirmation monitoring equipment. They also are equipped with hazard mitigation resources such as foam mitigation spray backpacks, portable nylon tents for non-fragmentation devices, kevlar tents for fragmentation devices, and appropriate explosive and agent outpacking devices. The TEU capabilities package also provides worldwide voice, fax, and data links with briefcase-sized, battery-powered communications.

H. Joint Technical Augmentation Cell (JTAC)

JFCOM owns the JTAC. The cell consists of between nine and twelve personnel, who come with equipment packages of laptop computers and CB protective gear. They deploy within N+12.

I. 7th Chemical Company

The 7th Chemical Company, under III Corps, USJFCOM, currently fields 38 Biological Integrated Detector System (BIDS) P3I systems at Ft. Polk, LA. While this asset must be pre-staged, it may be useful for monitoring locations that are deemed to be terrorist targets. While only 60 personnel are activated, 179 are authorized.

J. CB Forensic Analytical Center (CB FAC), Edgewood Chemical Biological Center (ECBC)

SBCCOM's CB FAC can deploy a team of five personnel and a modular analytical center laboratory within N+4. The Edgewood CB FAC analytical laboratory is designated by the Organization for the Prohibition of Chemical Weapons and backed by its internationally recognized ISO 9001 registration and Guide 25 accreditation. It provides sampling and analysis support required to demonstrate DoD's compliance with the Chemical Warfare Convention; leverages analytical expertise by providing similar forensic analytical services to other DoD and U.S. government customers; designs and develops special purpose sampling and analysis equipment; and provides training and expert consultation. An appropriate-sized team from the ECBC can be deployed within N+2 with a real time analytical platform.

K. Madigan Army Medical Center Disaster Assistance Response Team (MAMC DART)

The MAMC DART, owned by U.S. Army Medical Command can deploy a team of 20 personnel and four tons of medical and CB equipment within N+2. The team members are trained medical personnel with a knowledge of construction of decontamination sites and medical treatment of casualties; recognition of chemical, biological and nuclear contamination; and community relations during times of disaster.

L. Naval Medical Research Center (NMRC)

The NMRC can provide a field laboratory and three trained personnel within N+4. The directorate investigator staff has expertise in rapid and confirmatory diagnosis of infectious diseases. The NMRC conducts research in basic and applied microbiological, immunological and related scientific research methodologies for the development of medical diagnostics. Research personnel have designed, developed, and tested methodologies which allow for swift and accurate disease diagnosis. In addition, researchers have advanced and refined confirmatory diagnostic methods utilizing polymerase chain reaction (PCR) methodologies in tandem with biosensor technologies.

M. Medical CB Advisory Team (MCBAT)

The U.S. Army Medical Research Institute of Chemical Defense (USAMRICD) operates the MCBAT. The MCBAT consists of two to four personnel and a variety of equipment to fulfill its responsibilities. The MCBAT provides medical advice to commanders or local authorities on protecting first responders and other health care personnel, on casualty decontamination procedures, and on first aid and initial medical treatment. They also aid in handling casualties.

N. Aeromedical Isolation Team (AIT)

The U.S. Army Medical Research Institute for Infectious Diseases (USAMRIID) AIT consists of physicians, nurses, medical assistants and laboratory technicians. These team members are specially trained to provide care for and transport of patients with diseases caused by either biological warfare agents or infectious diseases requiring high containment. The team has worldwide airlift capability designed to evacuate and manage patients under high-level containment. AIT also offers a portable containment laboratory, limited environmental decontamination, and specialized consultative expertise. USAMRIID can simultaneously deploy two teams, each consisting of one physician, one registered nurse, and four to six medics. Each team can transport and manage one patient. In addition, the team can deploy a portable containment laboratory with rapid diagnostic assays, including enzyme-linked immunosorbent assays and polymerase chain reaction (PCR), as well as standard clinical laboratory support. The team deploys between N+6 and N+12.

O. Civil Reserve Air Fleet (CRAF)

The CRAF is a cooperative plan with the civil air industry to augment the DoD organic airlift capabilities. CRAF aircraft are contractually obligated to support DoD requirements during national emergencies. Currently CRAF Stage I consists of 81 aircraft; CRAF Stage II adds 189 aircraft; and CRAF Stage III encompasses a total of 727 aircraft. Stage I and II aircraft can be available as early as 24 hours after call-up and assignment. Stage III takes longer, but aircraft start becoming available 48 hours after call-up and assignment. The aircraft are assigned by Air Mobility Command (AMC). Carriers are called up for a minimum of 30 days, and are guaranteed 15 day notice prior to release from CRAF activation.

P. Global Patient Movement Requirements Center (GPMRC)

The aeromedical evacuation system (AES) functions are coordinated by the GPMRC, a unit of U.S. Transportation Command at Scoot AFB, Illinois. GPMRC issues orders to the Federal Coordinating Centers (FCCs) for the reporting of available beds. GPMRC determines where the FCC patients are moved based on victim needs, available beds, and transportation availability. It also deploys the Immediate Response Assessment Team (IRAT).

1. Aeromedical Evacuation System (AES)

DoD establishes an AES when required. It is a system which provides: control of patient movement by air transport; specialized medical aircrew, medical crew augmentees, and medical attendants and equipment for in-flight medical care; facilities on or in the vicinity of air strips and air bases for the limited medical care of in-transit patients entering, en route via, or leaving

the system; and communication with originating, destination, and en route medical facilities concerning patient transportation.

2. Immediate Response Assessment Team (IRAT)

The IRAT, deployed by the GPMRC, collects patient information at the disaster site and forwards it to the GPMRC. The IRAT is an initial response force and accompanies advance parties.

Health Agency Assets

A. National Disaster Medical System (NDMS)

The Department of Health and Human Services (HHS) Office of Emergency Preparedness (OEP) directs and manages the NDMS. The NDMS is a partnership between HHS, DoD, VA, FEMA, State and local governments, and the private sector. NDMS provides nearly 100,000 beds in over 2,000 civilian hospitals. Its medical response component is comprised of over 7,000 private sector medical and support personnel organized into 71 Disaster Medical Assistance Teams (DMATs), Disaster Mortuary Teams (DMORTs), and other specialty teams nationwide.

1. Disaster Medical Assistance Team (DMAT)

A DMAT is a group of professional and paraprofessional medical personnel, supported by logistical and administrative staff, designed to provide emergency medical care during a disaster or other event. In addition to standard DMATs, there are highly specialized DMATs that deal with specific medical conditions such as crush injury, burn, and mental health emergencies.

2. Disaster Mortuary Operational Response Teams (DMORT)

DMORTs are composed of private citizens, each with a particular field of expertise, who are activated in the event of a disaster. There are ten regional teams around the U.S. with nearly 1,200 personnel. DMORT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated, licensure and certification is recognized by all States, and the team members are compensated for their duty time by the Federal government as temporary Federal employees. During an emergency response, DMORTs work under the guidance of local authorities by providing technical assistance and personnel to recover, identify, and process deceased victims. DMORT team IV, located on the East Coast, was enhanced by additional equipment and training so that it can effectively decontaminate the remains of victims of a WMD release.

3. Veterinary Medical Assistance Teams (VMATs)

VMATs provide veterinary services during a disaster or other emergency. VMATs are composed of private citizens who are activated in the event of a disaster. VMAT members are required to maintain appropriate certifications and licensure within their discipline. When members are activated, licensure and certification is recognized by all States and the team members are compensated for their duty time by the Federal government as temporary Federal employees. During an emergency response, VMATs work under the guidance of local authorities by providing technical assistance and veterinary services.

B. National Medical Response Teams (NMRT)

Four National Medical Response Teams were created from DMATs that were given additional training and provided with personal protective and other specialized equipment, appropriate pharmaceuticals, and mass decontamination capability. During FY99, the teams increased their deployable size and have enough specialized pharmaceuticals to treat up to 5,000 patients. The four teams are located in Winston-Salem, NC, Denver, CO, Los Angeles, CA and Washington, DC.

C. Metropolitan Medical Response System (MMRS)

The MMRS is a federal/state/local government venture to develop systems comprised of non-federal health professionals who are specially trained to provide medical and other health services to WMD victims. Communities are trained in early recognition of a biological attack, mass immunization/prophylaxis of exposed populations, mass patient care, mass fatality management, and environmental surety. There are 72 MMRS cities in various stages of development. By the end of FY01, a total of 97 MMRS will have started.

D. Commissioned Corps Readiness Force (CCRF)

The CCRF is under the operational management of the OEP. It is comprised of over 1,400 active duty officers in the Commissioned Corps of the U.S. Public Health Service. The CCRF responds to public health challenges that exceed local or state resources under the FRP, State Department, USAID, the HHS Mass Immigration Plan, or other declared emergencies. The Surgeon General must activate the CCRF before any deployment. CCRF members also provide clinical services to U.S. Secret Service during special national security events.

E. Laboratory Response Network (LRN)

The LRN is a collaborative partnership operating as a network of laboratories that provides all public health laboratories with the means to accept and transfer specimens to appropriate facilities where definitive testing can be done. The LRN consists of 82 core and advanced capacity laboratories; and all 50 states can perform presumptive and confirmatory laboratory identification for most priority biothreats on the Critical Biological Agent List. The LRN collaborates with USAMRIID, NMRC, LLNL, APHL, ASM and the FBI among others. The LRN is integrating its system with the National Electronic Disease Surveillance System (NEDSS), the Epidemic Information Exchange Program (Epi-X) and the Health Alert Network (HAN) to facilitate rapid reporting.

F. Center for Disease Control and Prevention (CDC)

1. National Center for Infectious Diseases (NCID)

This is a Center for Disease Control and Prevention (CDC) Center. NCID staff work in partnership with local and state public health officials, other federal agencies, medical and public health professional associations, infectious disease experts from academic and clinical practice, and international and public service organizations. NCID accomplishes its mission - to prevent illness, disability, and death caused by infectious diseases - by conducting surveillance, epidemic

investigations, epidemiologic and laboratory research, training, and public education programs to develop, evaluate, and promote prevention and control strategies for infectious diseases.

2. National Center for Environmental Health (NCEH)

This is a CDC Center. NCEH works to prevent illness, disability, and death from interactions between people and the environment. It tracks and evaluates environment-related health problems through surveillance systems. NCEH also helps domestic and international agencies and organizations prepare for and respond to natural, technologic, humanitarian, and terrorism-related environmental emergencies. It has a global health office to coordinate and share information with other countries.

3. Rapid Response and Advanced Technology Lab (RRAT)

This laboratory will provide around-the-clock diagnostic confirmatory and reference support for terrorism response teams. RRAT was developed by the CDC to accomplish a number of objectives: 1) to expand LRN capacity for rapid detection of agents on the Critical Biological Agent List, 2) provide a uniform and expeditious process for the scientific validation of rapid biodetection assays, 3) collaboratively develop rapid biological screening tests, 4) provide a single point of entry for suspect materials with forensic evidence and ensure the chain-of-custody requirements, 5) provide for triage and transfer to agent-specific labs when strong clinical evidence already exists, 6) provide for rapid CB screening when materials (environmental or clinical) lack sufficient supporting information as to the specific threat agent and dangers associated with the material received, 7) provide a proficiency testing program to network users, and 8) provide, when requested, rapid response support to the States.

Federal Emergency Management Agency (FEMA)

A. Regional Operations Center (ROC)

The Regional Operations Center is where the Federal activities are coordinated at the regional level. Each of FEMA's 10 regions contains an ROC. The State would pass any request for Federal assistance to the ROC, where it would be evaluated and tasked by passing the request to the appropriate Emergency Support Function (ESF). Once an Emergency Response Team (ERT) is established, the ROC passes its coordination responsibilities to that team.

B. Emergency Support Team (EST)

The Emergency Support Team is a headquarter-level coordination center. Like the ROC, the EST coordinates the deployment of Federal assistance.

C. Emergency Response Team (ERT)

The ERTs, headed by a Federal Coordinating Officer, provide direct interface with the State either at the State Emergency Operations Center or at the disaster site. The ERT takes over the ROC's coordination responsibilities. The ERT – Advanced Element (ERT-A) is the initial

Federal group that responds to an incident in the field. In addition to the ERT for each FEMA region, there are three national teams (ERT-N). They deploy within N+4.

D. Disaster Field Office (DFO)

The DFO is the primary field location in each affected State for the coordination of Federal response and recovery operations. It operates 24 hours per day or under a schedule sufficient to sustain Federal operations. Once the DFO is ready for use, the ERT-A and/or ERT-N is augmented by FEMA and other Federal agency staff to form a full ERT.

E. WMD Incident Support Team (WMD IST)

The WMD IST is a multi-agency team designed to provide close support to the local Incident Commander (IC) and the local incident response. The team has direct employment access to all Federal resources pre-positioned as part of the Force Packages deployment to that incident. The WMD IST deploys within N+4.

F. National Emergency Coordination Center (NECC)/Mobile Emergency Response Support (MERS) Operations Center

The NECC serves as FEMA's official notification point of an impending or actual disaster or emergency. The facility maintains a 24-hour capability to monitor warning/disaster information from all sources, including Federal agencies, FEMA regions and the news media. Each FEMA region is supported by a MERS Operations Center that maintains a 24-hour capability to monitor events and provide information to FEMA regional staff and the NECC.

G. Rapid Response Information System (RRIS)

The RRIS is a system of databases and links to Internet sites providing information to Federal, State and local emergency officials on Federal capabilities to render assistance for CBRNE CM. This information is available to designated officials in each State, the FEMA regions and key Federal agencies via a protected Intranet site. Local officials have access to the abbreviated Internet site.

Department of Energy (DOE)

A. Chemical and Biological National Security Program (CBNP)

The CBNP develops technology solutions for use in domestic preparedness and response against a chemical or biological attack in CONUS. CBNP directly improves U.S. domestic defense against biological terrorism in three major areas – Biological Foundations technology, Detection technology, and the Biological Aerosol Sentry and Information System.

1. Biological Foundations technology

This area of CBNP identifies and develops biological agent signatures for current and future detection systems. Development of these signatures enables the DOE laboratories to provide a

bioforensics capability. Utilization of these resources requires samples to be shipped to the appropriate DOE laboratory.

2. Bio Aerosol Sentry and Information System (BASIS)

BASIS is focused on integrated available technologies with a concept of operation that will enable users to detect and identify an aerosol biological agent attack. This system consists of distributed sampling units, relocatable field laboratory, and command, control and communications equipment. This system will be demonstrated in early CY02.

B. Handheld Nucleic Acid Analyzers (HANAA)

The Detection technology area of CBNP has provided five HANAA to users across the nation for Beta-testing. Lawrence Livermore National Laboratory has teamed with Environmental Technologies Group for the commercialization of this instrument.

C. Sandia Decontamination Foam

The Sandia Decontamination Foam is effective against both chemical and biological agents. It has been successfully licensed to industry.

Environmental Protection Agency (EPA)

A. Environmental Response Team (ERT)

The Environmental Response Team provides 24-hour access to special decontamination equipment for chemical releases and advice to the On-Scene Coordinator (OSC) in hazard evaluation, risk assessment, multimedia sampling and analysis, on-site safety, development and implementation of plans, cleanup techniques and priorities, water supply decontamination and protection, application of dispersants, environmental assessment, degree of cleanup required, and disposal of contaminated material. The ERT, located in Edison, NJ, can also be activated by the OSC to provide technical expertise for complex emergency responses involving WMD.

B. Research Labs

EPA has research laboratories with programs in field monitoring and analytical and technical support. Some of these laboratories have the capability to deploy mobile units to a contaminated site for chemical and biological analysis.

Federal Bureau of Investigation (FBI)

A. Domestic Emergency Support Team (DEST)

The DEST is composed of interagency personnel, some of which are crisis action and consequence management personnel. The DEST deploys with communications equipment and

provides expert technical advice to the On-Scene Coordinator. DEST size is variable because it is designed for each incident. Deployment time is N+4.

B. Crisis Management Unit (CMU)

The CMU provides incident negotiation and crisis management support to the field. Deployment time is N+4, and the CRU can be transported by any commercial airline.

C. Critical Incident Negotiation Team (CINT)

The CINT is maintained and coordinated by the CMU. CINT members are FBI Special Agents trained as crisis negotiators, and many are trained to respond to nuclear terrorism.

D. Hazardous Materials Response Unit (HMRU)

HMRU personnel assist the field in an advisory and liaison capacity with on-scene military and civilian personnel. They direct the proper evidence handling and oversee procedures in a contaminated environment and provide expert technical assistance to FBI personnel conducting the investigation. Deployment time is N+2, and the CRU can be transported by any commercial airline.

E. Crisis Response Unit (CRU)

The CRU provides full field command post facilities, including independent communications links for secure voice, text and imagery capabilities via landlines and satellite. The CRU is able to collect tactical information from inside the crisis site using imagery collection equipment, night vision devices, stand-off audio collection sensors and surreptitious entry teams. Deployment time is N+4, and the CRU can be transported by any commercial airline.

F. Rapid Start Team (RST)

RST members are information management personnel who are prepared to deploy on short notice for major FBI cases. Deployment time is N+4.

Department of Transportation (DOT)

A. US Coast Guard National Strike Teams

Established by the Federal Water Pollution Control Act of 1972, these three teams, located at Ft. Dix NJ, Mobile AL and Novato CA, have 35 to 39 dedicated members per team. They are designed to respond to oil and hazardous substance pollution incidents in and around waterways. The teams also provide support to the EPA's On-Scene Coordinators for inland area incidents. They travel by military aircraft or ground transportation, and deploy within N+1 to N+6, arriving onsite within N+12.

Acronym List

AES	Aeromedical Evacuation System
AFB	Air Force Base
AIT	Aeromedical Isolation Team
BASIS	Biological Aerosol Sentry and Information System
BIDS	Biological Integrated Detection System
BW	Biological Weapon
C2	Command and Control
CB	Chemical and Biological
CB FAC	CB Forensic Analytical Center
CBIRF	Chemical/Biological Incident Response Force
CBRNE	Chemical, Biological, Radiological, Nuclear, or High-Yield Explosive
CBNP	Chemical and Biological National Security Program
CB-RRT	Chemical/Biological Rapid Response Team
CCRF	Commissioned Corps Readiness Force
CDC	Centers for Disease Control
CDRG	Catastrophic Disaster Response Group
CINT	Critical Incident Negotiations Team
CM	Consequence Management
CMAT	Consequence Management Advisory Team
CMU	Crisis Management Unit
CONUS	Continental United States
CRAF	Civil Reserve Air Fleet
CRU	Crisis Response Unit
CW	Chemical Weapon
DEST	Domestic Emergency Support Team
DFO	Disaster Field Office
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Teams
DNAT	Defense Nuclear Advisory Team
DoD	Department of Defense
DOE	Department of Energy
ECBC	Edgewood Chemical Biological Center
EPA	Environmental Protection Agency
Epi-X	Epidemic Information Exchange Program
ERT	Emergency Response Team
ERT	Environmental Response Team

ERT-A	Emergency Response Team – Advanced Element
ERT-N	Emergency Response Team – National
ESF	Emergency Support Function
EST	Emergency Support Team
FBI	Federal Bureau of Investigation
FCC	Federal Coordinating Center
FEMA	Federal Emergency Management Agency
FORCG	Food-borne Outbreak Response Coordinating Group
FRP	Federal Response Plan
GPMRC	Global Patient Movement Requirements Center
HAN	Health Alert Network
HANAA	Handheld Nucleic Acid Analyzers
HHS	Department of Health and Human Services
HMRU	Hazardous Materials Response Unit
IC	Incident Commander
ISG	Interagency Steering Group
IRAT	Immediate Response Assessment Team
JFCOM	Joint Forces Command
JTAC	Joint Technical Augmentation Cell
JTF-CS	Joint Task Force Civil Support
LDS	Lightweight Decontamination System
LRN	Laboratory Response Network
LLNL	Lawrence Livermore National Laboratory
MARFORLANT	Marine Corps Forces Atlantic
MAMC DART	Madigan Army Medical Center Disaster Assistance Response Team
MCBAT	Medical CB Advisory Team
MDS	Modular Decontamination System
MEF	Marine Expeditionary Force
MERS	Mobile Emergency Response Support Operations Center
MMRS	Metropolitan Medical Response System
NBC	Nuclear, Biological and Chemical
NCID	National Center for Infectious Diseases
NCEH	National Center for Environmental Health
NDMS	National Disaster Medical System

NECC	National Emergency Coordination Center
NEDSS	National Electronic Disease Surveillance System
NMRC	Naval Medical Research Center
NMRT	National Medical Response Teams
OEP	Office of Emergency Preparedness
OPCW	Organization for the Prevention of Chemical Warfare
OSC	On-scene Coordinator
PCR	Polymerase Chain Reaction
PDD	Presidential Decision Directive
ROC	Regional Operations Center
RRAT	Rapid Response and Advanced Technology Lab
RRIS	Rapid Response Information System
RST	Rapid Start Team
RTF	Response Task Force
SBCCOM	Soldier and Biological Chemical Command
TEU	Technical Escort Unit
USAID	United States Agency for International Development
USAMRICD	United States Army Medical Research Institute of Chemical Defense
USAMRIID	U.S. Army Medical Research Institute of Infectious Diseases
USDA	Department of Agriculture
USTRANSCOM	United States Transportation Command
VA	Department of Veterans Affairs
VMAT	Veterinary Medical Assistance Team
WMD	Weapons of Mass Destruction
WMD CST	WMD Civil Support Team
WMD IST	WMD Incident Support Team
WMDRDB	WMD Resources Database